NORTHWESTERN COUNSELING & SUPPORT SERVICES

PLACEMENT STABILITY PROJECT

VERMONT

Vermont Care Partners

Implementing the CANS at your agency

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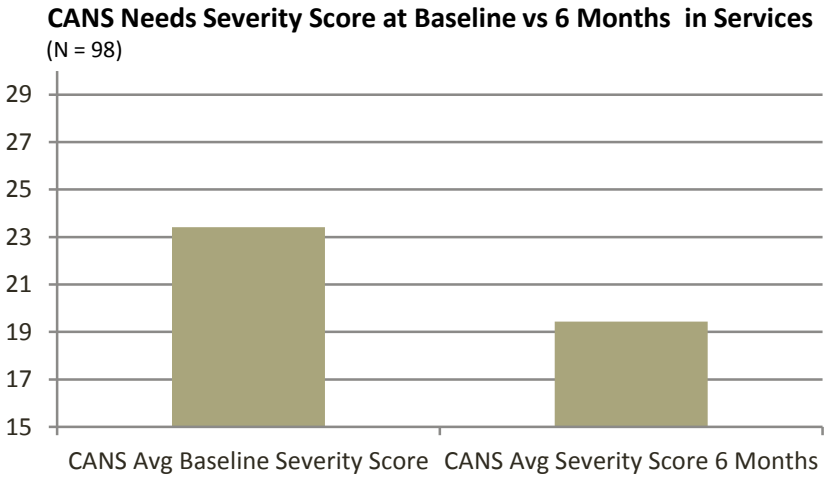
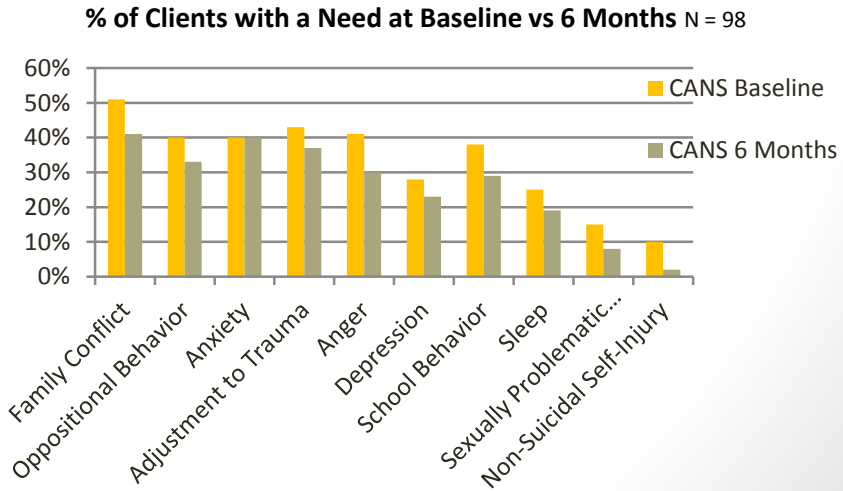
Why are we doing this?
Part One

- Agencies that service children, youth and families **provide quality clinical assessment and treatment work** that we do every day. The CANS is a **quantitative expression** of that work.
- We can use it to **measure and share progress** with families, teams, and our agencies.
- It helps to **hold us accountable** for making progress **in all key domains** in the lives of the children and youth we serve.
- By requiring good communication with families and teams**, it improves our practice.**
- It can help us with utilization review and **matching children and youth to appropriate levels of care.**

Why are we doing this?
Part Two

- Use of a statewide quantitative tool will help agencies **show their value** as our system moves towards value-based payments
- Using a single tool across programs and agencies allows us to **streamline training and supports quality improvement** internally across programs and externally across the state





Implementation Topics Covered in this PowerPoint

CANS team	Redundancy Assessment	Practice Protocols
Staff Training	Supervisor Training	Data Management
Outcomes	Learning Collaboratives	Resources

First steps for local leadership

Create a CANS implementation team

- Will lead efforts in implementation, training, data, learning community, communication
- May want to structure meeting agendas using these areas

Ensure representation from:

- All relevant clinical programs
- Human Resources or Compliance
- IT
- Quality Improvement or Outcomes representative

Expect to meet weekly or biweekly at first

- Over time, the group may taper to monthly or quarterly meetings or morph into a learning collaborative role, once CANS is fully implemented

First step for local CANS implementation team

Develop a mission that integrates CANS into the everyday workings of the organization

- Create a shared vision with families and providers about what success is and how to measure it
- You cannot manage transformation if you cannot measure transformation. People deserve to celebrate their progress!
- Creating a common language across the child serving system is the foundation to fostering collaboration and clear communication

Develop an implementation timeline:

- Create goals or deadlines for when each program will be trained, and when staff will start using the CANS
- One lesson learned: start clinician use of CANS with new clients and current clients when updating treatment plans, rather than expecting a clinician to perform a CANS for everyone on caseload

Delegate one member to statewide CANS implementation team

- Meets monthly on the first Friday 9-10:30
- Call-in option available
- To join, contact Cheryle Bilodeau at cheryle.bilodeau@vermont.gov
- IT rep should connect with counterparts at other agencies to start working on getting CANS data into EMR by contacting NCSS' Chris.kelly@ncssinc.org or CSAC's Jim Gallot jgallott@csac-vt.org

Next step for local CANS implementation team: redundancy assessment

Map the array of screening and assessment tools used across your programs/agency.

Consider:

- Which populations they apply to
- Who administers them
- What time periods
- Where information is stored
- What decisions are informed by the tools
- Which stakeholders need the information

Develop a plan

- Define areas of overlap
- Make recommendations for streamlining use of assessment tools
- Plan for phase out of eliminated tools
- Update program policies/procedures to incorporate changes

Example: ASEBA

- Several agencies who have adopted the CANS are now using the ASEBA (CBCL) when clinically indicated rather than as a requirement
- Department of Mental Health has collaborated by removing the ASEBA as a requirement for Behavior Interventionist programs

Next step for CANS implementation team: practice protocols

Determine who will be administering the CANS

- Clinicians in all children's mental health programs? Just some?
- When internal teams exist, who is responsible, case manager or clinician?
- What about DS case managers?

Determine when the CANS will be administered

- At intake?
- When Diagnosis and Evaluation is completed?
- With treatment plan?
- In team meeting or not?
- With family or not?
- Practice guidelines can be found on the IFS website that will help with these decisions

Update relevant clinical forms in EMR to embed CANS information

Examples:

- Treatment plans
- Intake forms
- Diagnosis and evaluations
- Internal referrals
- Discharge forms

Next Step for local CANS implementation team: training

Train multiple in-house trainers

- Ensure that all clinical supervisors are trained to support use of tool for assessment and treatment planning
- Some agencies have one person who offers a monthly training for new staff
- Some agencies are embedding CANS training into new staff orientation

Plan for in-house trainings

- Contact Lauren Schmidt lschmidt@chapinhall.org and ask for your agency to be added to the drop-down choices on the CANS training website. Ask Lauren for vouchers for yourself and the staff you will be training ($10/person if purchased in bulk). She can invoice the agency.
- Train by program, as challenges with completion will be program-specific
- Best practice: train staff and then establish deadline for taking online certification test within two weeks. Ideally have staff take the test together in staff meeting or small groups.
- Taking test as part of training can increase staff anxiety and leads to teaching to the test. It is best to focus on clinical use of the tool – the test is a necessary evil to ensure reliability across providers.

Develop plan to track initial training and annual recertification

- Some agencies have one point person responsible for tracking this
- Some agencies have embedded this into monitoring practices
- Contact Lauren Schmidt at lschmidt@chapinhall.org to get administrative access to the TCOM website, so you can confirm results of the certification test

Training resources available on Vermont's IFS website

http://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0

- Includes links to:
  - Frequently Asked Questions about Training and Certification for the CANS
  - Vermont Training Website and Exam Tips
  - A Family Guide to the CANS
  - Official 0-5 CANS and 5-22 CANS

Round Table Discussion

In Groups:

Please share with each other what your agencies are currently doing, thinking about, or planning in the following areas:

1. Leadership – show of commitment/gaining buy in
2. Redundancy Assessment
3. Practice Protocols
4. Training and Resources

Share good ideas, as well as any obstacles that would be helpful for your colleagues to foresee

There is paper on each table to write down questions that come up in discussion. There will be an opportunity to discuss these pending questions at the end of the day

Next Steps:
Supervisor trainings

Develop supervisory guidelines for training teams to train supervisors

- Example: All staff need to bring their first two CANS to review during individual supervision
- Protocols when CANS is showing no improvement Ex: discuss adapting treatment plan, call team meeting, or provide targeted supervision to discuss approach

Discussing the CANS during supervision can help the supervisor:

- Obtain a quick snapshot of the client's/family's strengths and needs and ensure comprehensive assessment has been completed
- Assist supervisees to track progress and determine discharge criteria
- Assist supervise to analyze the level of care that would be most successful
- Be informed about the needs in aggregate of those entering their program and identify training gaps

Discussing the CANS during supervision can help the supervisee:

- Develop comprehensive assessment skills
- Develop case conceptualization skills and treatment plans that coincide with the strengths and needs identified with clients and their families
- Develop team collaboration skills
- Learn to talk about and celebrate progress with families

Next Step: Data Management

Find out: do you have the ability to embed it into your EMR?

- Many agencies do, including those with LWSI
- Statewide IT team has been a key resource network for agencies; contact Chris.kelly@ncssinc.org or Jim Gallot jgallott@csac-vt.org
- If no, NCSS has spreadsheets that can be used
- All finalists for unified EMRs had CANS already embedded in their product

Update Departmental Workflows to include CANS

- Examples: Incorporate CANS into the Psychosocial
- Incorporate CANS scores into treatment plans
- Create referral guidelines using CANS scores as framework (clients with high caregiver needs should include family component)
- CANS data for Utilization Review. Complete reviews internally to determine if low needs clients are currently served in high needs programs

Utilize EMR capabilities

- Examples: implement functions that do not allow CANS data to be saved if all questions are not completed
- Automated triggers of CANS to clinicians at six months
- Prompts when a client is being discharged to complete a CANS if their CANS reassessment date has not happened yet, to avoid clients leaving without follow up data

Next Step: Data Management

Ensure that internal and external stakeholders agree on what data will be tracked from the start

- Think about this from an individual/family standpoint, programmatic, and system-level. See table below.

Resources on what other agencies are doing include:

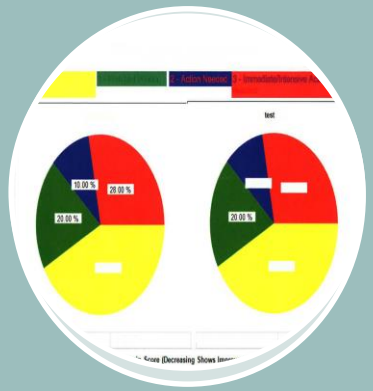
- CANS implementation team
- Statewide IT directors
- Vermont Care Partners Outcomes Group
- NCSS Examples

National Resources

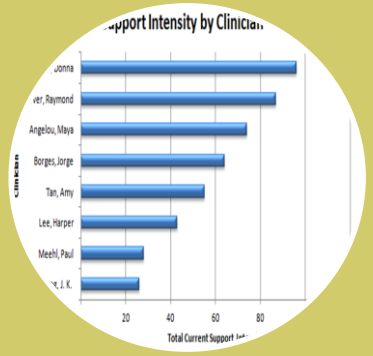
- Total Clinical Outcomes Management (TCOM)
- http://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/

	Family & Youth	**Program**	**System**
Decision Support	Care planning Identify shared vision and common goals	Eligibility Step down	Resource management Right sizing
Outcome Monitoring	Assess progress at service transitions & Celebrations	Program evaluation	Performance tracking Provider Profiles
Quality Improvement	Facilitate integrated care Guideline for supervision	Accreditation readiness Program redesign	Business model design Transformation

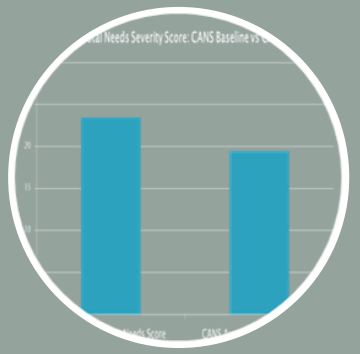
Next Step: Outcomes



Consider how you want to share CANS outcomes with families



Consider how you want to use CANS outcomes programmatically



Consider how you want to report CANS outcomes to stakeholders

Next Steps: Communication

Develop communication materials to convey consistent information and use

- Tools for education families: "A Family Guide to the CANS" can be found here - http://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0
- Tools for managers to use during the supervision process – **Ex: Supervisor Form on website**
- Materials to educate stakeholders

Develop systems or strategies to provide ongoing updates and to maintain momentum

- Examples: agency newsletters, listservs, standing items on staff meeting agendas
- Construct feedback loop so clinicians can provide feedback
- Bring data back to the clinicians as soon as possible. Showing program leaders what the top 10 needs of clients coming into their programs can be a great place to start, as often this may be novel information
- Create a CANS questions email for all staff to use

Create materials to educate stakeholders

- Think about: schools, DCF, judges, guardians ad litem, foster families, childcare providers, other community partners. Also consider providing them with their own aggregate data. For example what are the top 10 needs of clients and families coming into mental services in DCF custody? How are your services impacting those needs?

Round Table Discussion

In Groups:

Please share with each other what your agencies are currently doing, thinking about, or planning in the following areas:

1. Supervisor training
2. Data Management
3. Outcomes
4. Communication

Share good ideas, as well as any obstacles that would be helpful for your colleagues to foresee

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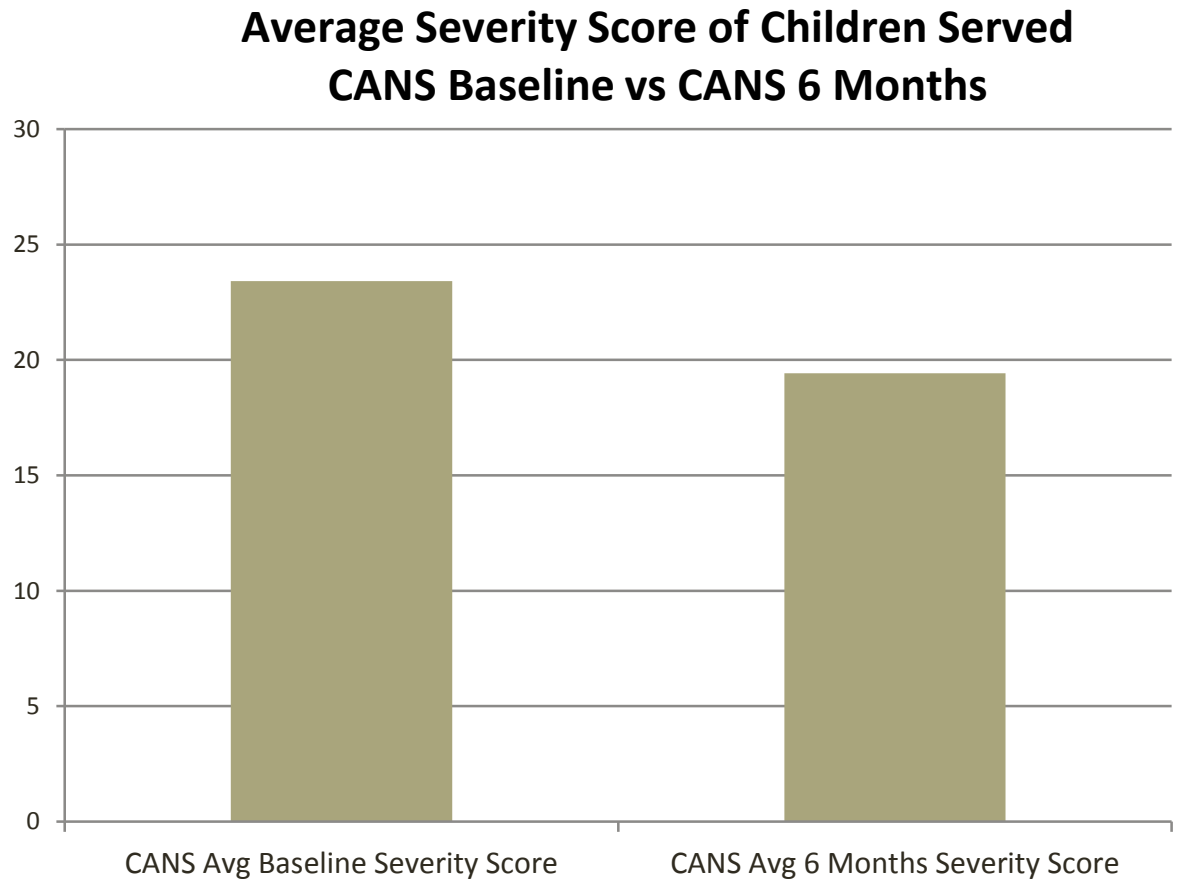
Severity Score



Severity Score = Sum of 2's and 3's

**Includes all items*

Individual Baseline Report

23613 - DUCK, DONALD
Client age: 54
Date of Assessment: 12/05/2016
Caregiver Evaluated: Kinship caregiver

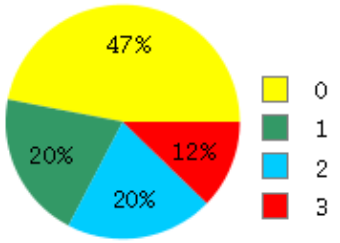
DCF Custody? Y

What CANS is this? Review

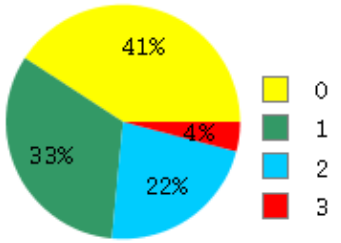
Staff: KROMPF, ALISON

Score	Needs	Strengths
0	No Evidence	Centerpiece Strength
1	Watchful Waiting	Useful Strength
2	Action Needed	Identified Strength
3	Immediate/ Intensive Action Needed	No Strength Identified

Initial Assessment
04/28/2016



Current Assessment
12/05/2016



Immediate/Intensive Action Needed

-OPPOSITIONAL- Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others

-FAMILY RELATIONSHIPS- Child is having severe problems with parents, siblings and/or other family members.

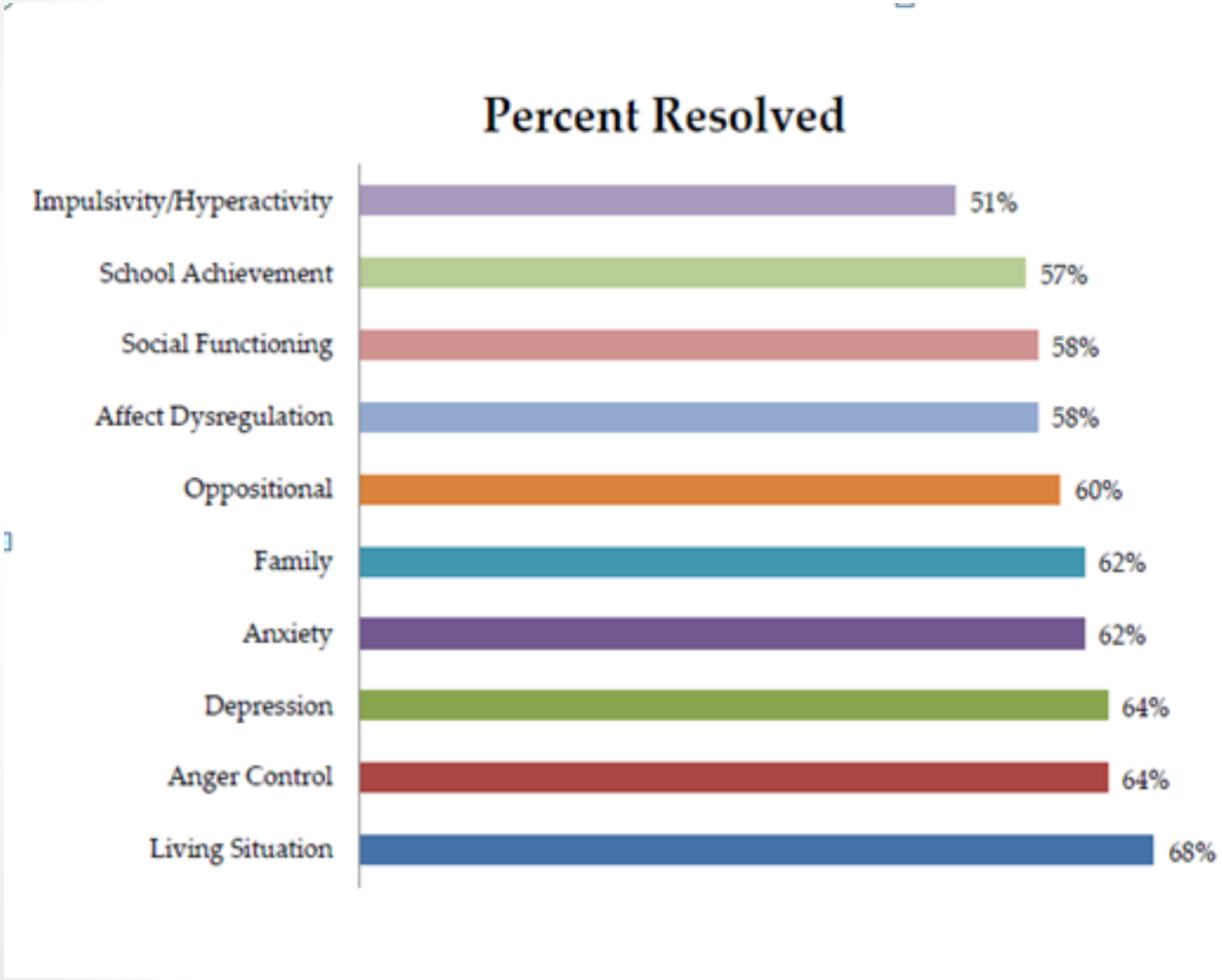
Action Needed

-ADJUSTMENT TO TRAUMA- Child presents with a moderate level of symptoms as a result of traumatic or adverse childhood experiences that need to be addressed

-ANGER CONTROL- Moderate anger control problems.

-CULTURAL STRESS- Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.

Program Level Data



How We Help

- The "Percent Resolved" represents the percentage of children who, at intake, needed help with an issue, but at discharge no longer needed help.

This data when looked at by program can be really helpful for identifying which programs best address which needs, both for referral triaging, as well as for appreciative inquiry and quality improvement efforts

Reporting requirements are still under discussion. Your ideas and input are important. The CANS Implementation Team and the Vermont Care Partners Outcomes Group wants your ideas to help shape these decisions.

Next Step: Establish opportunities for ongoing consultation

Purpose: to support practice and maintain reliability

- Think about how this could work well in your agency
- Some agencies mandated that newly trained staff go to 6 learning community groups a year (some held monthly, others every 2 weeks)
- Discuss complicated cases and common questions, review work flow process and iron out barriers to data quality
- The secret to data quality is making this useful for clinicians on the ground!

Leadership can join statewide learning collaborative calls

- To get information about these calls, contact Interagency Planning Director, cheryle.bilodeau@vermont.gov
- Topics vary from how to embed the CANS in community mental health practice, to data extract and IT logistics.

Is there an interest in statewide clinical consultation calls?

- Agencies who are interested in a statewide clinical consultation call should convey that to the CANS implementation team

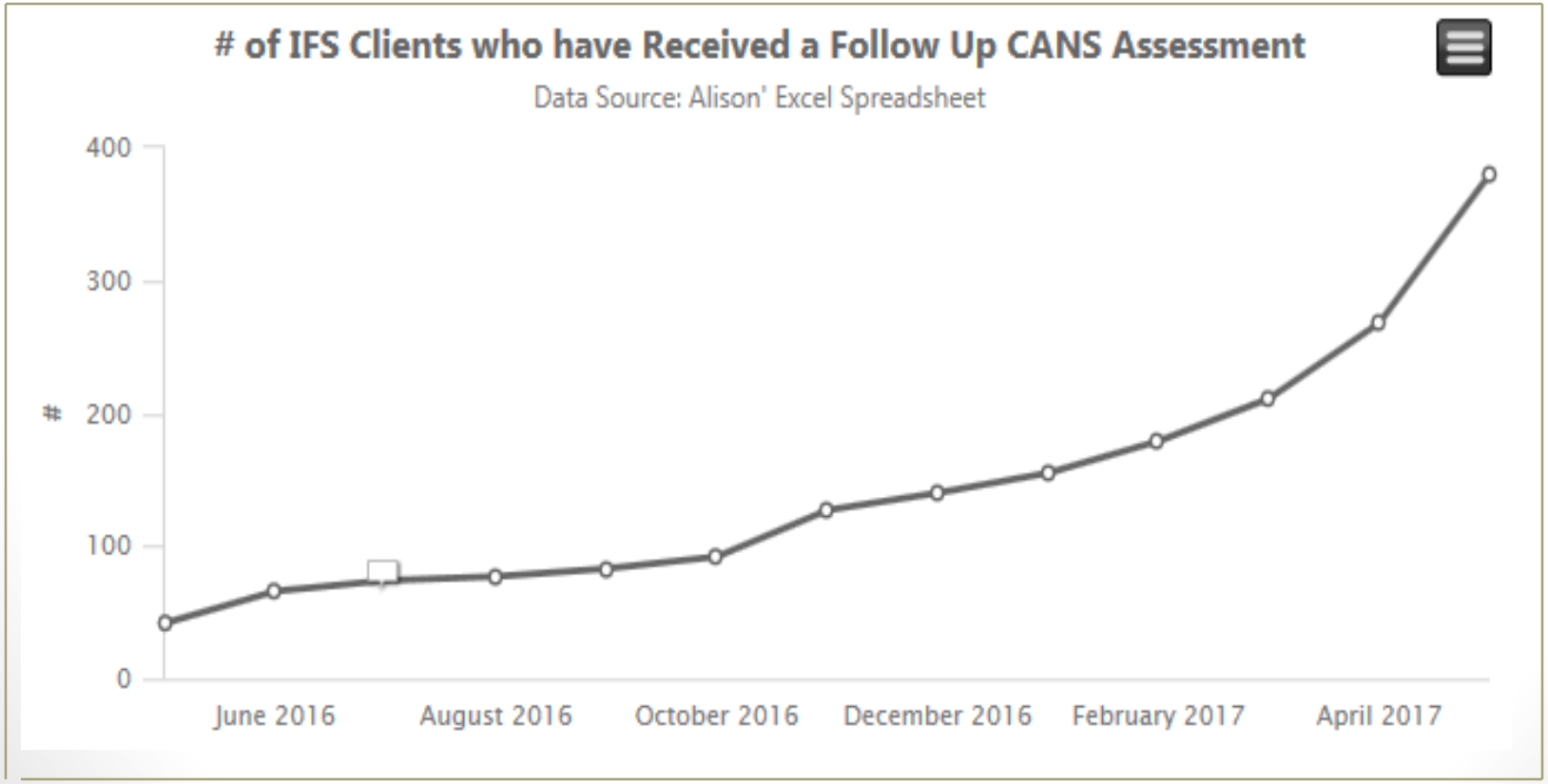
Implementing the CANS continues to pose challenges and opportunities, Let's work together on:

- CFR Part 2 and sharing information
- Could the CANS *be* the treatment plan?
- Could the CANS *be* the Diagnosis and Evaluation?
- How do we score the CANS in unique situations such as when youth are in residential placement?
- How do we best demonstrate outcomes?

Quality Improvement – How Much

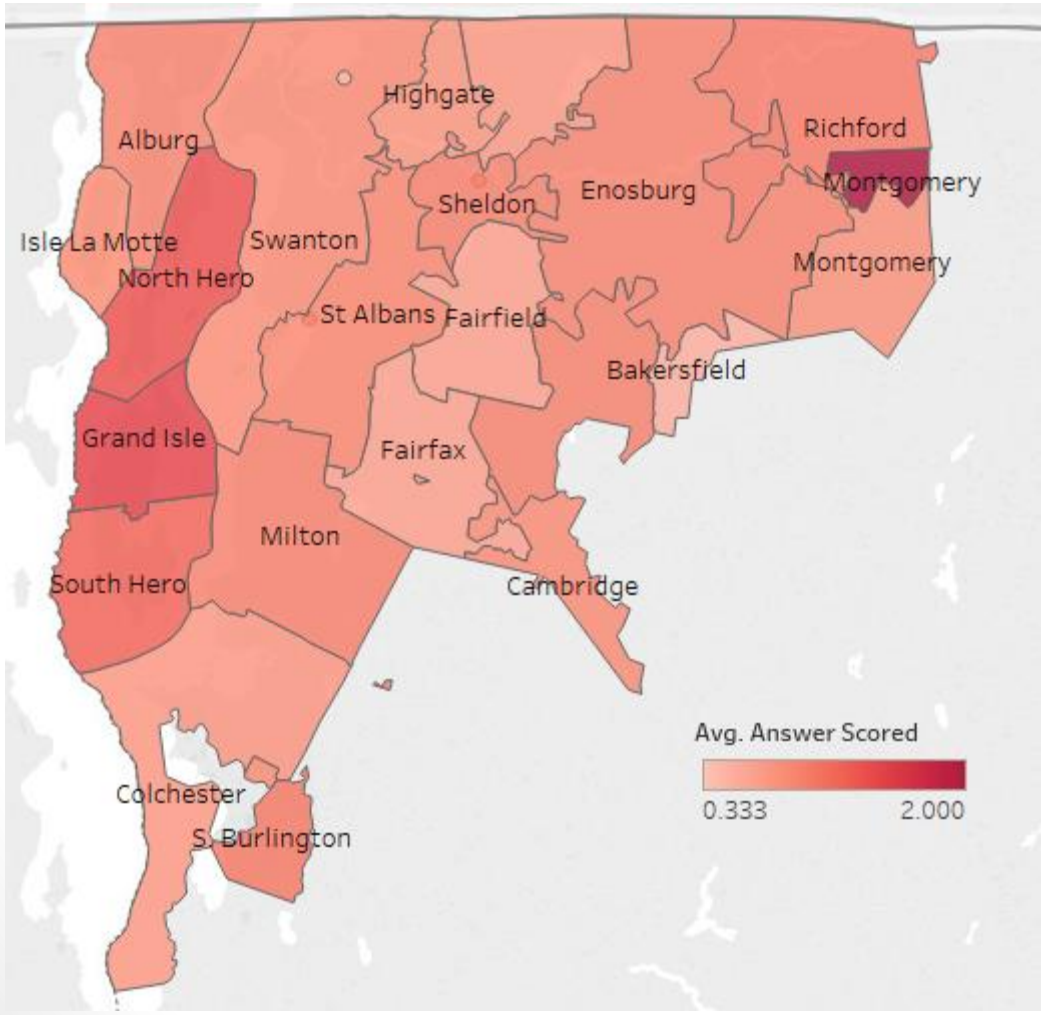
"You can't manage what you can't measure"

–John Lyons



Quality Improvement – How Well

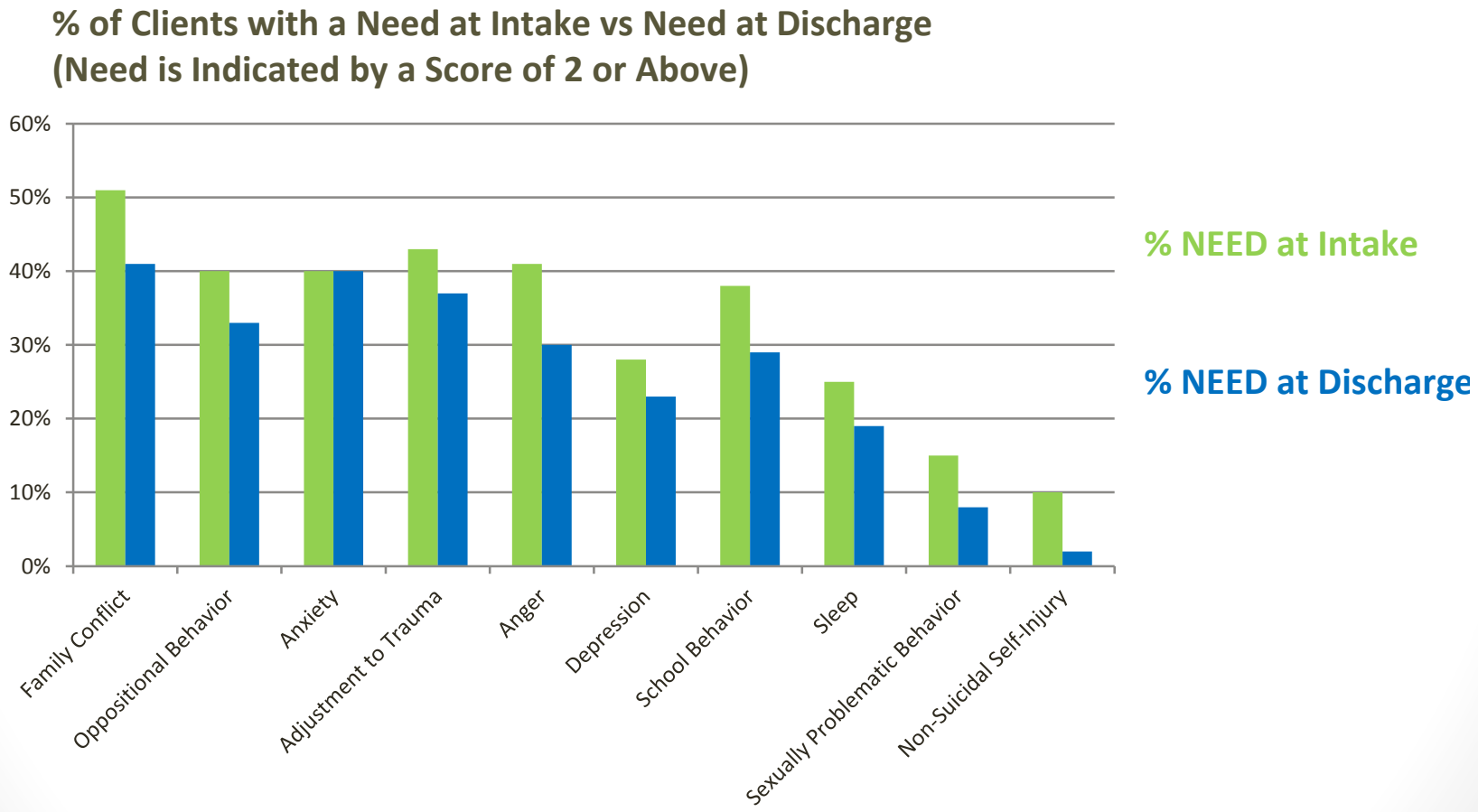
Intensity of Need for "Caregiver Knowledge" by Town



CANS definition of Caregiver Knowledge: *The caregiver's knowledge of the specific strengths and needs of the child and the rationale for the treatment or management of these issues*

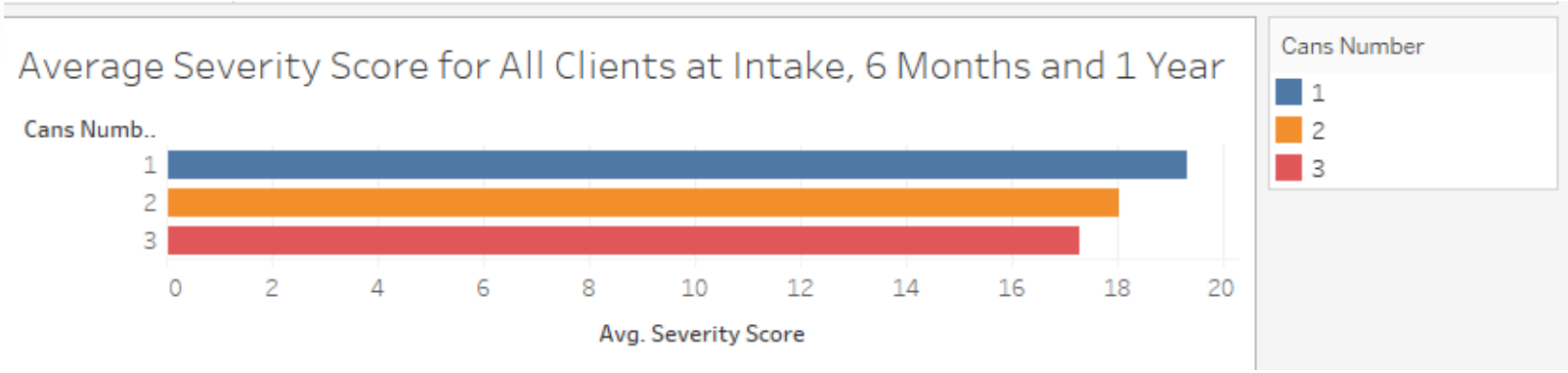
*The **darker** the red, the more intense the need*

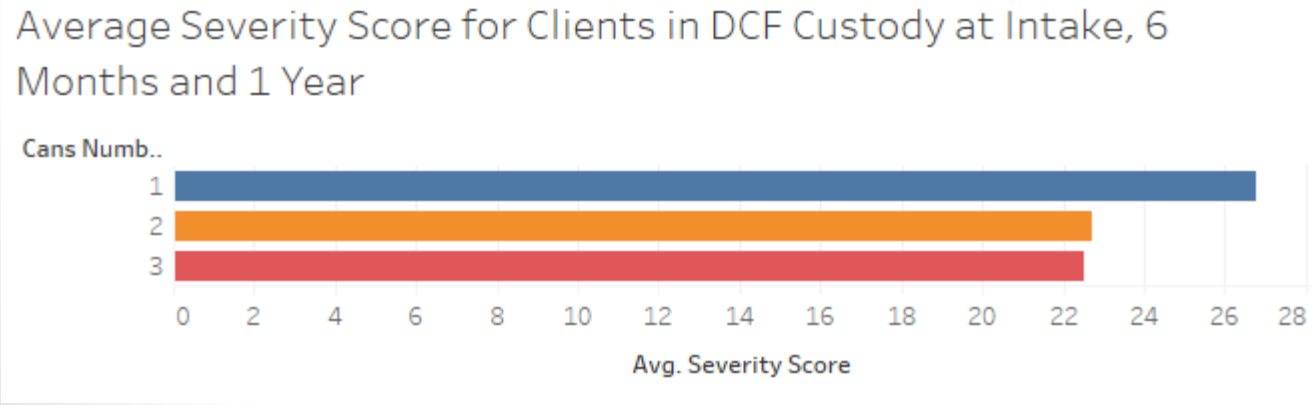
Quality Improvement- Is anyone better off?



Population Data - Is anyone better off?

Comparing how we impact the needs of all clients versus clients in DCF custody

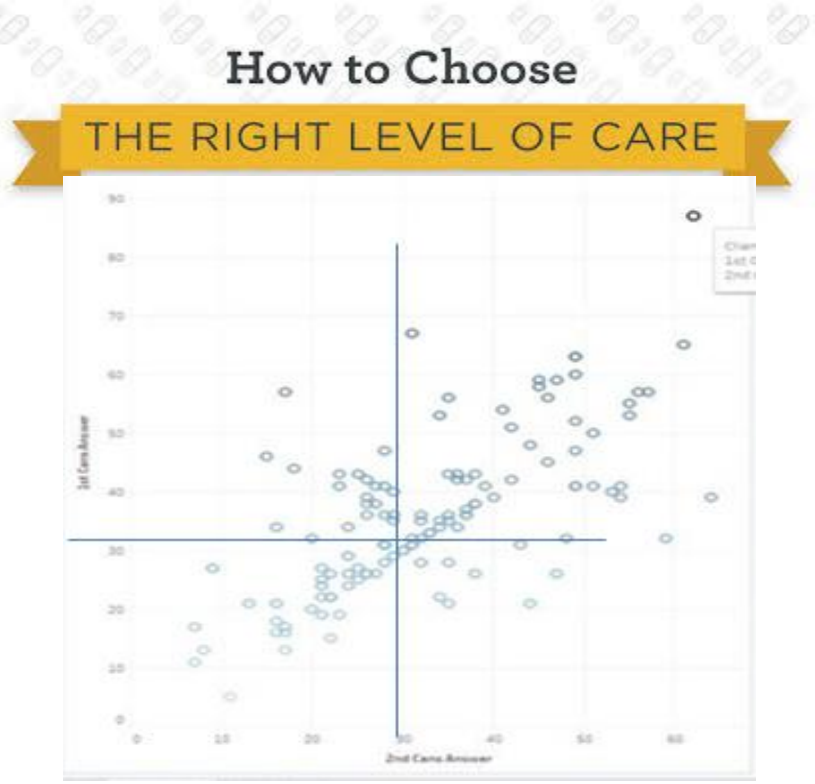




Utilization Review

Analyze Severity Scores to systematically review whether clients are in the right level of care:

- Pull all clients with Severity Score of 4 or below. Look at how many hours of service they are receiving as well as their level of care
- Pull all clients whose Severity Scores have not changed. Do their treatment plans reflect any discussion around change in approach or level of service?



Can plot CANS 1's versus CANS's 2's for quick way to view which clients are making progress or may be ready to discuss discharge

State Vision

AKA: what is the State's Agenda for the CANS?

What it isn't:

- Not something to use as a cut-off score for level of care

What it is:

- Partnering with system of care providers to develop statewide standards for the use of CANS
- Informs clinical decision making and utilization review
- Demonstrate outcomes of services:
  - DA master grant reporting on client functioning
  - Behavior intervention program annual reporting

Statewide Standards

Goal: Consistent use of the tool based on agreed upon standards within the VT System of Care.

- We plan to finalize standards within six months. Please be involved with the workgroup in this process and commitment to uphold standards.
- We plan to develop standards for:
  - Time frame, how frequently conducted
  - How conducted (collaborative from all team members)
  - What needs to be included in the report
  - Metric for what shows improvement in CANS score
  - How it should be shared with families
  - If using CANS, needs to tie into psychosocial evaluation, plan of care, utilization review, progress monitoring
  - Policies & procedures, family guide

RESOURCES

Formal

- IFS website CANS page: http://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0
- TCOM website: https://tcomtraining.com
- TCOM blog: https://tcomconversations.org/blog/
- Video of CANS developer John Lyons https://vimeo.com/17391621
- Statewide CANS implementation team

Informal

- Peers at other agencies
- Alison Krompf alison.krompf@ncssinc.org
- Dillon Burns dillon@vermontcarepartners.org